



**Office of Juvenile Justice
Youth Master Record Archive Transfer List**

Sending Facility: _____

Date: _____

[illegible]

NOTE: In Column 4, indicate the box number that stores the youth record. All columns must be completed for each youth record.

Sending Facility Staff Signature: _____

Date: _____

JCY Staff
Records Received by: _____

Date: _____

Archive Staff
Records Received by: _____

Date: _____